

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Latham For Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	59880.00	627487.25
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	2602.04
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59380.00	624885.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	25857.79	283977.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2299.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25857.79	281677.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	461942.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Latham For Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

25975.00

166496.50

(ii) Unitemized.....

7905.00

16790.75

(iii) TOTAL of contributions

33880.00

183287.25

from individuals..... ▶

0.00

3544.00

(b) Political Party Committees.....

26000.00

440656.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

59880.00

627487.25

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

2299.50

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

321.77

4506.49

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

60201.77

634293.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25857.79	283977.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	500.00	527.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2075.04
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	2602.04
21. OTHER DISBURSEMENTS.....	0.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26357.79	287579.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	428098.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	60201.77
25. SUBTOTAL (add Line 23 and Line 24).....	488300.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26357.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	461942.41

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Am. Council of Engineering Companies PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2004
Mailing Address 1015 15th St NW FI 8		Transaction ID: 0415200421C10907
City Washington	State DC	Zip Code 20005-2605
FEC ID number of contributing federal political committee. C C00010868		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. American Maritime Officers		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2004
Mailing Address Voluntary Political Action Fund 650 Fourth Avenue		Transaction ID: 0523200410C11011
City Brooklyn	State NY	Zip Code 11232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Election Cycle-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) C. American Sugar Cane League		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2004
Mailing Address PO Box 938		Transaction ID: 0415200421C10908
City Thibodaux	State LA	Zip Code 70302-0938
FEC ID number of contributing federal political committee. C C00081414		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 4
Mailing Address P.O. Box 365		Transaction ID: 0523200410C11063
City Washington	State DC	Zip Code 20044-0365
Amount of Each Receipt this Period 2000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00211318		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 4
Mailing Address P.O. Box 365		Transaction ID: 0523200410C11062
City Washington	State DC	Zip Code 20044-0365
Amount of Each Receipt this Period 2000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00211318		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 4
Mailing Address P.O. Box 365		Transaction ID: 0523200410C11064
City Washington	State DC	Zip Code 20044-0365
Amount of Each Receipt this Period -1000.00		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Redesignation
FEC ID number of contributing federal political committee. C C00211318		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 7 / 42
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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) Deloitte & Touche Federal PAC Mailing Address P.O. Box 365 City Washington State DC Zip Code 20044-0365 FEC ID number of contributing federal political committee. C C00211318 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0523200410C11065 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Redesignation	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	4	/	2	0	0	4	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	4	/	2	0	0	4														
1000.00																							

B. Full Name (Last, First, Middle Initial) Eli Lilly & Co PAC Mailing Address Lilly Corporate Center City Indianapolis State IN Zip Code 46285 FEC ID number of contributing federal political committee. C C00082792 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0523200410C10987 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	4	/	2	0	0	4	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	0	4	/	2	0	0	4														
1000.00																							

C. Full Name (Last, First, Middle Initial) FEPAC/Federal Express Corp PAC Mailing Address 942 S. Shady Grove Rd. City Memphis State TN Zip Code 38120 FEC ID number of contributing federal political committee. C C00068692 Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0523200410C11066 Amount of Each Receipt this Period <table border="1"> <tr> <td>4000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	4	/	2	0	0	4	4000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	4	/	2	0	0	4														
4000.00																							

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. FEPAC/Federal Express Corp PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 4	
Mailing Address 942 S. Shady Grove Rd.		Transaction ID: 0523200410C11067	
City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00068692		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Occupation Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) B. MDU Resources Group		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 4	
Mailing Address P.O. Box 5650		Transaction ID: 0523200410C11039	
City State Zip Code Bismarck ND 58506-5650	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00163253		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. National Council of Farmer Co-ops PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 4	
Mailing Address 50 F Street NW - Suite 900		Transaction ID: 0415200421C10910	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. National Telecommunications Coop. Assoc		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 4
Mailing Address 4121 Wilson Blvd 10 th Floor		Transaction ID: 0523200410C10919
City Arlington State VA Zip Code 22203-1839	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00004473		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. National Turkey Federation PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 4
Mailing Address 1225 New York Ave NW Ste 400		Transaction ID: 0415200421C10904
City Washington State DC Zip Code 20005-6404	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00076182		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Norfolk Southern CorporationPAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 4
Mailing Address 3 Commercial Place		Transaction ID: 0523200410C10983
City Norfolk State VA Zip Code 23510-2191	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00009282		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
NRA Political Victory Fund-Natl Rifle As

Mailing Address 11250 Waples Mill Rd

City State Zip Code
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 4

Transaction ID: 0523200410C10988

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Recreational Fishing Alliance PAC

Mailing Address P.O. Box 3080
Rt 9

City State Zip Code
New Gretna NJ 08224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 4

Transaction ID: 0523200410C10969

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
RPAC-Realtors PAC

Mailing Address 430 North Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 4

Transaction ID: 0415200421C10903

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
UPSPAC-United Parcel Service PAC

Mailing Address 55 Glenlake Pkwy NE

City	State	Zip Code
Atlanta	GA	30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer	Occupation
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2004

Transaction ID: 0523200410C11042

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	26000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Kathleen Beddow

Mailing Address 19 Edinburgh Ln

City Pinehurst State NC Zip Code 28374-6714

FEC ID number of contributing federal political committee. **C**

Name of Employer No Employer Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 4

Transaction ID: 0523200410C11061

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jamie Bishop

Mailing Address 8129 120th Ave

City Indianola State IA Zip Code 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Federal Home Loan Bank Occupation Banker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 4

Transaction ID: 0523200410C10952

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donald Brandt

Mailing Address 1809 Country Club Rd

City Indianola State IA Zip Code 50125-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer Claim Technologies Inc Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 4

Transaction ID: 0415200421C10909

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Linda L. Brice

Mailing Address 1801 Country Club Rd.

City Indianola State IA Zip Code 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Indianola Cty Schools Occupation Teacher

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
04 / 12 / 2004

Transaction ID: 0523200410C10911

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Keith D. Bronstein

Mailing Address 200 W Jackson Blvd. Suite 2300

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Tradelink Corporation Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
04 / 29 / 2004

Transaction ID: 0523200410C10986

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Duane Bruening

Mailing Address PO Box 127

City Decorah State IA Zip Code 52101-0127

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Construction

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt
05 / 11 / 2004

Transaction ID: 0523200410C11032

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Keith Bruening

Mailing Address 702 Day St

City State Zip Code
Decorah IA 52101-2225

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Construction

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2004

Transaction ID: 0523200410C10945

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Keith Bruening

Mailing Address 702 Day St

City State Zip Code
Decorah IA 52101-2225

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Construction

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2004

Transaction ID: 0523200410C10994

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Carlson

Mailing Address 110 Western St

City State Zip Code
Decorah IA 52101-1528

FEC ID number of contributing federal political committee. **C**

Name of Employer Carlson Construction
Occupation
President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2004

Transaction ID: 0523200410C11036

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Conrad Clement

Mailing Address PO Box 154
11969 Valley Ave

City Cresco State IA Zip Code 52136-0154

FEC ID number of contributing federal political committee. **C**

Name of Employer Featherlite Trailers Occupation CEO

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 2100.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2004

Transaction ID: 0523200410C10933

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dennis Daggett

Mailing Address 2253 Carver Rd

City Winterset State IA Zip Code 50273-8378

FEC ID number of contributing federal political committee. **C**

Name of Employer John Deere Credit Occupation Upper Management

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2004

Transaction ID: 0523200410C10978

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kimberly Doty

Mailing Address 14140 Pinnacle Pt Dr.

City Clive State IA Zip Code 50325-8375

FEC ID number of contributing federal political committee. **C**

Name of Employer Yamanouchi America Occupation Sales

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2004

Transaction ID: 0523200410C10948

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) **500.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Ralph Gillotti

Mailing Address 1709 S. 42nd St.

City State Zip Code
West Des Moines IA 50265

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Contractor

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2004

Transaction ID: 0523200410C11043

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John V. Hartung

Mailing Address 1011 Scott Felton Road

City State Zip Code
Indianola IA 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer IA Assoc. Independent college Occupation
Management

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

775.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2004

Transaction ID: 0523200410C11016

Amount of Each Receipt this Period
775.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Larry Hughes

Mailing Address 208 E 1st St PO Box 305
501 North Ave

City State Zip Code
Norwalk IA 50211

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Business Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2004

Transaction ID: 0523200410C10963

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Dean Hunziker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4
Mailing Address 105 S 16th St		Transaction ID: 0523200410C10917
City State Zip Code Ames IA 50010-8090	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hunziker Property Management	Occupation President	
Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Erben Hunziker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4
Mailing Address 2619 Lindenwood Cir		Transaction ID: 0523200410C10914
City State Zip Code Ames IA 50014-4567	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Realtor	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Erben Hunziker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 4
Mailing Address 2619 Lindenwood Cir		Transaction ID: 0523200410C10915
City State Zip Code Ames IA 50014-4567	Amount of Each Receipt this Period -1000.00	
FEC ID number of contributing federal political committee. C		Redesignation FROM Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Redesignation from Primary
Name of Employer Self-Employed	Occupation Realtor	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Erben Hunziker

Mailing Address 2619 Lindenwood Cir

City State Zip Code
Ames IA 50014-4567

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Realtor

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Other

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 4

Transaction ID: 0523200410C10916

Amount of Each Receipt this Period
1000.00

Redesignation TO Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignation to General

B. Full Name (Last, First, Middle Initial)
Margaret Hunziker

Mailing Address 2619 Lindenwood Cir

City State Zip Code
Ames IA 50014-4567

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation
Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Other

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 4

Transaction ID: 0523200410C10918

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard Johnson

Mailing Address 3412 Jewel Dr

City State Zip Code
Ames IA 50010-8457

FEC ID number of contributing federal political committee. **C**

Name of Employer Story Construction Occupation
CEO

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Other

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 4

Transaction ID: 0523200410C10921

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
John C. Kline

Mailing Address 2171 Grand Ave.

City State Zip Code
West Des Moines IA 50265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oaks Development Co. Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2004

Transaction ID: 0523200410C11051

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Daniel Krieger

Mailing Address 3310 Bayberry Cir

City State Zip Code
Ames IA 50014-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMes National Corp Banking

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2004

Transaction ID: 0523200410C10920

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Diane Kutzko

Mailing Address 2026 5th Ave SE

City State Zip Code
Cedar Rapids IA 52403-2713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2004

Transaction ID: 0523200410C11060

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Donald Lamberti

Mailing Address 3601 SW Golfview Circle

City Ankeny State IA Zip Code 50021-9676

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2004

Transaction ID: 0523200410C10922

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Evelyn Latham

Mailing Address PO Box 73
205 State St.

City Alexander State IA Zip Code 50420-0073

FEC ID number of contributing federal political committee. **C**

Name of Employer No Employer Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2004

Transaction ID: 0523200410C10985

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Willard Latham - deceased

Mailing Address Highway 107

City Alexander State IA Zip Code 50420-9705

FEC ID number of contributing federal political committee. **C**

Name of Employer No Employer Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2004

Transaction ID: 0523200410C10984

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Jennifer Leech

Mailing Address 1306 South R. St.

City State Zip Code
Indianola IA 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2004

Transaction ID: 0523200410C11004

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Shirley Lester

Mailing Address 801 Trail Ridge Rd

City State Zip Code
Indianola IA 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2004

Transaction ID: 0523200410C10949

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John T. Lynch

Mailing Address P.O. Box 810

City State Zip Code
Clear Lake IA 50428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2004

Transaction ID: 0523200410C11058

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) Robert Malloy Mailing Address PO Box 128 City Goldfield State IA Zip Code 50542-0128 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 4 Transaction ID: 0523200410C11013 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer Election Cycle-to-Date ▼ 2100.00	

B. Full Name (Last, First, Middle Initial) Robert Malloy Mailing Address PO Box 128 City Goldfield State IA Zip Code 50542-0128 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 4 Transaction ID: 0523200410C11015 Amount of Each Receipt this Period 100.00 Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Redesignation
Name of Employer Self-Employed Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Occupation Lawyer Election Cycle-to-Date ▼ 2100.00	

C. Full Name (Last, First, Middle Initial) Robert Malloy Mailing Address PO Box 128 City Goldfield State IA Zip Code 50542-0128 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 4 Transaction ID: 0523200410C11014 Amount of Each Receipt this Period -100.00 Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Redesignation
Name of Employer Self-Employed Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Larry McAllister

Mailing Address 308 Ford Road

City Emmetsburg State IA Zip Code 50536

FEC ID number of contributing federal political committee. **C**

Name of Employer: Prairie States Mgmt Company
Occupation: President

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 3500.00

Date of Receipt: 05 / 13 / 2004

Transaction ID: 0523200410C11055

Amount of Each Receipt this Period: 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Larry McAllister

Mailing Address 308 Ford Road

City Emmetsburg State IA Zip Code 50536

FEC ID number of contributing federal political committee. **C**

Name of Employer: Prairie States Mgmt Company
Occupation: President

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 3000.00

Date of Receipt: 05 / 13 / 2004

Transaction ID: 0523200410C11053

Amount of Each Receipt this Period: -500.00

Reattribution Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
Marjorie McAllister

Mailing Address 308 Ford Road

City Emmetsburg State IA Zip Code 50536

FEC ID number of contributing federal political committee. **C**

Name of Employer: No Employer
Occupation: Homemaker

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 0.00

Date of Receipt: 05 / 13 / 2004

Transaction ID: 0523200410C11056

Amount of Each Receipt this Period: 500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 RETTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. William Metz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 4	
Mailing Address 933 Spy Glass Circle		Transaction ID: 0523200410C11009	
City North Sioux City	State SD	Amount of Each Receipt this Period 1000.00	
Zip Code 57049		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Metz Baking	Occupation Owner		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Donald Miller		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4	
Mailing Address 603 Orchard		Transaction ID: 0523200410C11001	
City Indianola	State IA	Amount of Each Receipt this Period 200.00	
Zip Code 50125		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Hy Vee	Occupation VICE PRESIDENT		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. Loras Neuroth		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 4	
Mailing Address 303 S 12th St		Transaction ID: 0523200410C10968	
City Marshalltown	State IA	Amount of Each Receipt this Period 200.00	
Zip Code 50158-2406		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Insurance		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Marvin A Pomerantz

Mailing Address 4700 Westown Parkway, Suite 303

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gaylord Container Corp Chairman & CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2004

Transaction ID: 0523200410C11010

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jerry L. Ripperger

Mailing Address 673 Kennedy St

City State Zip Code
Indianola IA 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2004

Transaction ID: 0523200410C10924

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kevin Romney

Mailing Address 2206 Versailles Ct.

City State Zip Code
Henderson NV 89074-5301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Technologies Management

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2004

Transaction ID: 0523200410C10979

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Terry L. Sharp

Mailing Address 11604 84th Lane

City State Zip Code
Indianola IA 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Agri-Tech Aviation Occupation Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 4

Transaction ID: 0523200410C10943

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Sokol

Mailing Address 302 S. 36th Street

City State Zip Code
Omaha NE 68131

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid American Energy Occupation Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 4

Transaction ID: 0523200410C11030

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Randal L. Walters

Mailing Address P.O. Box 71094

City State Zip Code
Clive IA 50325

FEC ID number of contributing federal political committee. **C**

Name of Employer Oaks Development Co. Occupation Management

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 4

Transaction ID: 0523200410C11050

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Catherine A. Weltha

Mailing Address 221 S. 5th Ave

City State Zip Code
Winterset IA 50273

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation
Student

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2004

Transaction ID: 0523200410C10944

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark Zieman

Mailing Address 284 Luana Rd

City State Zip Code
Postville IA 52162-8531

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Farmer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2004

Transaction ID: 0523200410C10977

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	25975.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 42	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Latham For Congress
--

Full Name (Last, First, Middle Initial) A. First Citizens National Bank	
Mailing Address P.O. Box 268	
City Clarion	State IA
Zip Code 50525-	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2913.55

Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 4
Transaction ID: 0523200410C10971
Amount of Each Receipt this Period 321.77
Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	321.77
TOTAL This Period (last page this line number only)	▶	321.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 42

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Bank Card Services		Transaction ID: 0407200450E2772 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 4
Mailing Address Security Natl Bank Payment Processing		Amount of Each Disbursement this Period 1586.17
City Milwaukee State WI Zip Code 53288-0200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD	Candidate Name	CREDIT CARD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank Card Services		Transaction ID: 0523200410E2802 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 4
Mailing Address Security Natl Bank Payment Processing		Amount of Each Disbursement this Period 587.04
City Milwaukee State WI Zip Code 53288-0200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
State: District:		

Full Name (Last, First, Middle Initial) C. Kinkos		Transaction ID: 0523200410E2817 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 4
Mailing Address 10201 University Ave		Amount of Each Disbursement this Period 39.14
City Clive State IA Zip Code 50325-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPY COSTS - PETITIONS	Candidate Name	[MEMO ITEM] MEMO: COPY COSTS - PETITI- ONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2173.21
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Loews Lenfant Plaza		Transaction ID: 0523200410E2819 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 480 Lenfant Plaza SW		Amount of Each Disbursement this Period 467.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20024-	[MEMO ITEM] MEMO: HOTEL FOR FEC MEETING	
Purpose of Disbursement HOTEL FOR FEC MEETING Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 0407200450E2771 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/ Type	
Purpose of Disbursement COMMISSIONS Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMMISSIONS

Full Name (Last, First, Middle Initial) C. Bogart Associates		Transaction ID: 0408200415E2785 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2210.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/ Type	
Purpose of Disbursement COMMISSIONS Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMMISSIONS

SUBTOTAL of Disbursements This Page (optional) ▶	5475.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 0415200421E2792 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 795.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	SEE BELOW	
Purpose of Disbursement SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 0415200421E2793 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 445.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	[MEMO ITEM] MEMO: MAILINGS/FUNDRAISER COSTS	
Purpose of Disbursement MAILINGS/FUNDRAISER COSTS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bogart Associates		Transaction ID: 0415200421E2794 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	[MEMO ITEM] MEMO: COMMISSIONS	
Purpose of Disbursement COMMISSIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	795.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 0523200410E2805 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3112.02
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 0523200410E2808 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 50.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMISSIONS	Candidate Name	[MEMO ITEM] MEMO: COMMISSIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Star Catering		Transaction ID: 0523200410E2809 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 4
Mailing Address 2002 Mt. Vernon Ave Suite 5		Amount of Each Disbursement this Period 3062.02
City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING FOR 3/16 EVENT	Candidate Name	[MEMO ITEM] MEMO: CATERING FOR 3/16 EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3112.02
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Budget Storage		Transaction ID: 0408200415E2784 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 4
Mailing Address 60 E. Venture Drive		Amount of Each Disbursement this Period 68.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waukee State IA Zip Code 50263-	Purpose of Disbursement STORAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE

Full Name (Last, First, Middle Initial) B. Budget Storage		Transaction ID: 0523200410E2814 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 4
Mailing Address 60 E. Venture Drive		Amount of Each Disbursement this Period 68.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waukee State IA Zip Code 50263-	Purpose of Disbursement STORAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE

Full Name (Last, First, Middle Initial) C. First Citizens National Bank		Transaction ID: 0523200410E2801 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 277.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarion State IA Zip Code 50525-	Purpose of Disbursement 941 DEPOSIT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	941 DEPOSIT

SUBTOTAL of Disbursements This Page (optional) ▶	415.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. First Citizens National Bank		Transaction ID: 0523200410E2821 Date of Disbursement 04 / 30 / 2004	
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 2.00	
City Clarion State IA Zip Code 50525-	Purpose of Disbursement TRANSFER S/C Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ TRANSFER S/C	

Full Name (Last, First, Middle Initial) B. First Citizens National Bank		Transaction ID: 0523200410E2820 Date of Disbursement 04 / 30 / 2004	
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 14.28	
City Clarion State IA Zip Code 50525-	Purpose of Disbursement APR S/C Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ APR S/C	

Full Name (Last, First, Middle Initial) C. First Citizens National Bank		Transaction ID: 0523200410E2815 Date of Disbursement 05 / 10 / 2004	
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 219.08	
City Clarion State IA Zip Code 50525-	Purpose of Disbursement 941 DEPOSIT Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 941 DEPOSIT	

SUBTOTAL of Disbursements This Page (optional) ▶	235.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. IA Workforce Development		Transaction ID: 0523200410E2800 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 4
Mailing Address 1000 East Grand Avenue		Amount of Each Disbursement this Period 366.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309-	Purpose of Disbursement 1ST QTR/2004 ST UNEMPLOYMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1ST QTR/2004 ST UNEMPLOYMENT

Full Name (Last, First, Middle Initial) B. Liberty Mutual Insurance Group		Transaction ID: 0408200415E2787 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 4
Mailing Address 75 Remittance Dr. Suite 1837		Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60675-1837	Purpose of Disbursement 2004 EST PREMIUM Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2004 EST PREMIUM

Full Name (Last, First, Middle Initial) C. Republican Party Of Iowa		Transaction ID: 0415200421E2791 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 4
Mailing Address 621 E. 9th St.		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309-	Purpose of Disbursement MAY 15 -ABE LINCOLN DINNER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAY 15 -ABE LINCOLN DINNER

SUBTOTAL of Disbursements This Page (optional) ▶	1167.23
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Republican Party Of Iowa		Transaction ID: 0523200410E2810 Date of Disbursement MM / DD / YYYY 05 / 07 / 2004
Mailing Address 621 E. 9th St.		Amount of Each Disbursement this Period 400.00
City Des Moines State IA Zip Code 50309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD IN DISTRICT TABLOID	
Purpose of Disbursement AD IN DISTRICT TABLOID		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Clarke Scanlon		Transaction ID: 0407200450E2769 Date of Disbursement MM / DD / YYYY 04 / 01 / 2004
Mailing Address 9525 Century Woods Circle		Amount of Each Disbursement this Period 911.16
City Johnston State IA Zip Code 50131-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY - MAR	
Purpose of Disbursement SALARY - MAR		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Clarke Scanlon		Transaction ID: 0523200410E2803 Date of Disbursement MM / DD / YYYY 05 / 04 / 2004
Mailing Address 9525 Century Woods Circle		Amount of Each Disbursement this Period 911.16
City Johnston State IA Zip Code 50131-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY - APR	
Purpose of Disbursement SALARY - APR		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2222.32
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Elizabeth Severson		Transaction ID: 0407200450E2770 Date of Disbursement 04 / 01 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 753.58
City Belmont State IA Zip Code 50421-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES - MAR	Candidate Name	WAGES - MAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Elizabeth Severson		Transaction ID: 0415200421E2790 Date of Disbursement 04 / 08 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 88.00
City Belmont State IA Zip Code 50421-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARKING/MILEAGE	Candidate Name	PARKING/MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elizabeth Severson		Transaction ID: 0523200410E2804 Date of Disbursement 05 / 05 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 398.96
City Belmont State IA Zip Code 50421-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES - APR	Candidate Name	WAGES - APR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1240.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Sigler Companies		Transaction ID: 0407200450E2773 Date of Disbursement 04 / 02 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 4298.53
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sigler Companies		Transaction ID: 0523200410E2797 Date of Disbursement 04 / 02 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 3500.00
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAR FEES	Candidate Name	[MEMO ITEM] MEMO: MAR FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sigler Companies		Transaction ID: 0523200410E2798 Date of Disbursement 04 / 02 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 798.53
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING/MAILING COSTS	Candidate Name	[MEMO ITEM] MEMO: PRINTING/MAILING CO-STS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4298.53
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Sigler Companies		Transaction ID: 0523200410E2811 Date of Disbursement 05 / 07 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 3818.42
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sigler Companies		Transaction ID: 0523200410E2812 Date of Disbursement 05 / 10 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 3500.00
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MARCH 04 FEES	Candidate Name	[MEMO ITEM] MEMO: MARCH 04 FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sigler Companies		Transaction ID: 0523200410E2813 Date of Disbursement 05 / 07 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 318.42
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINT JOBS/ADVERTISING	Candidate Name	[MEMO ITEM] MEMO: PRINT JOBS/ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3818.42
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Simmservice Full Name (Last, First, Middle Initial) Mailing Address PO Box 58 City Fort Dodge State IA Zip Code 50501- Purpose of Disbursement SETUP SERVER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0408200415E2786 Date of Disbursement 04 / 08 / 2004 Amount of Each Disbursement this Period 397.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SETUP SERVER
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B. Treasurer, State of Iowa Full Name (Last, First, Middle Initial) Mailing Address PO Box 10411 City Des Moines State IA Zip Code 50306- Purpose of Disbursement 1STQ - 2004 STATE W/H Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0523200410E2816 Date of Disbursement 05 / 10 / 2004 Amount of Each Disbursement this Period 37.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 1STQ - 2004 STATE W/H
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C. US Post Office Full Name (Last, First, Middle Initial) Mailing Address 525 Kellogg Ave City Ames State IA Zip Code 50010-9998 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0523200410E2799 Date of Disbursement 04 / 27 / 2004 Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
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SUBTOTAL of Disbursements This Page (optional) ▶	804.52
TOTAL This Period (last page this line number only) ▶	25757.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Thomas Beddow		Transaction ID: 0408200415E2788 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 4	
Mailing Address 801 15th St. S, Apt 1302		Amount of Each Disbursement this Period 500.00	
City Arlington	State VA	Zip Code 22202-5022	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution requested		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 / 42	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Latham For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank Card Services	Nature of Debt (Purpose): CREDIT CARD
Mailing Address Security Natl Bank Payment Processing	
City State ZIP Code Milwaukee WI 53288-0200	

Outstanding Balance Beginning This Period	Transaction ID: LS0407200450E2772	
1586.17		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1586.17	0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	